

PART I

NAME(Last)

Kusunoki, Susan A.

MAILING ADDRESS (Street)

**LOBBYIST** 

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)

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STATE OF HAWAII STATE ETHICS COMMISSION

TELEPHONE

536-5688

## **LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

(Middle)

MAILING ADDRESS (Street)		FAX	
84 N. King Street		536-5720	
of thing shoot			
(City)	(State) (Zip	Code)	
Honolulu, HI 96817			
EMPLOYING ORGANIZATION (Fill in only if you are employed)	yed by a business entity which has been retained to lobby)	TELEPHONE	
Pacific Management Consultants, Inc.		536-5688	
MAILING ADDRESS (Street)		FAX	
84 N. King Street			
(City) (State) (Zip Code)			
Honolulu, HI 96817			
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do n	ot abbreviate)	TELEPHONE	
Norwegian Cruise Line (NCL America)			
MAILING ADDRESS (Street)		FAX	
700 Bishop Street, Suite 900			
(City)	Code)		
Honolulu, HI 96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING OF	RGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Lori Leong			
MAILING ADDRESS (Street)		FAX	
700 Bishop Street, Suite 900			
(City)	o Code)		
Honolulu, Hi 96813			
		THE MAIL	

PAR	TIII DESCRIPTION	OF SUBJECTS UPON WHIC	H YO	J EXPECT TO LOBBY				
[]	Agriculture	[ ] Education	[ ]	Human Services	[X]	Science, Technology & Economic Development		
[]	Communications & Public Utilities	[ ] Government Operations & Finance	[X]	Intergovernmental Relations, International Affairs	[X]	Tourism & Recreation		
[X]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[X]	Labor & Employment	[X]	Transportation		
[]	Culture, Arts, Historic Preservation	[X] Health	[X]	Planning, Land & Water Use Management	[ ]	Other: (indicate below)		
[X]	Ecology, Energy Environmental Protection	[ ] Housing	[ ]	Public Safety & Corrections				
PAR	T IV CERTIFICATIO	N OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.								
		(Signature of Lobbyist)			/	(Date)		
PAR	T V AUTHORIZATIO	ON TO LOBBY						
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED								
Robert Kritzman, Sr. Vice President								
NAME OF ORGANIZATION (if applicable)				ELEPHO	ELEPHONE			
,					27-3800			
MAILING ADDRESS (Street)					AX	<del>1</del> X		
700 E	Bishop Street, Suite 900							
Hono	(City) Iulu, HI 96813	(State)		(Zip Co	de)			
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.								
	(Signature of Authorizing Officer or Person Represented) (Date)							